

## Child's Needs – 5 -11 years

Practitioners who are unsure when considering physical and emotional health thresholds in this age range should seek specialist advice from a Health Practitioner e.g. Midwife, Health Visitor, GP, Paediatrician, Paediatric Therapist, Primary Mental Health Worker. If you have serious concerns telephone First Response.

**THESE MATRICIES ARE A GUIDE ONLY TO ASSIST PRACTITIONERS IN ASSESSING THRESHOLDS**

### Physical Health

Category	Level 1 Universal	Level 1 Plus Additional	Level 2 Targeted	Level 3 Significant
<b>Height and weight</b> ( <a href="#">See NHS Choices for guidance</a> )	Appropriate height and weight.	Weight or height not increasing at rate expected or unhealthily overweight. Parents are engaging with medical professionals and following advice.	Weight or height not increasing at rate expected or unhealthily overweight. Parents are not engaging consistently with medical professionals and are not following advice.	Serious clinical concern about Weight/height requiring medical support and monitoring. Parents are not engaging consistently with medical professionals and are not following advice. May be life threatening.
<b>Medical Care</b>	Immunisations up to date. Health Appointments kept (such as dentist and opticians). Good engagement with parent.	Inconsistent in attending medical/routine appointments. Engagement from parents inconsistent.	Frequently missed medical/routine appointments. Frequent difficulty engaging parent.	Missing essential health appointments. Refusing/avoiding medical care, endangering life of development. Unable to engage parent.

<p><b>Accident, Injury and Safety</b></p>	<p>Appropriate visits to Emergency Department/Doctor. No concerns re cause or frequency.</p> <p>Accommodation is safe and risks of injury are minimised through use of equipment such as stairgates and plug socket covers.</p> <p>Parents feel confident in undertaking care tasks.</p> <p>Child has positive stimulation and play.</p> <p>Child is supervised appropriately for their age.</p>	<p>The child has occasional, less common injuries which are consistent with the parents' account of accidental injury. The parents seek out or accept advice on how to avoid accidental injury.</p> <p>Early concerns about potential special educational needs.</p> <p>Child occasionally appears in inappropriate clothes or dirty.</p> <p>Parent/s require safety advice on the supervision of their child.</p>	<p>Inconsistent minor accidents/injuries. Frequency/cause of visits to doctor/emergency department becoming a concern.</p> <p>Parent/s leave child unsupervised inappropriately by older siblings or in unsafe areas of the house.</p> <p>Injuries from siblings.</p> <p>Significant time left in the care of an older adolescent.</p> <p>Lack of mobility not related to disability.</p> <p>Child's environment is not as stimulating as required.</p> <p>House is excessively untidy and lacks suitable equipment for a child.</p>	<p>Serious violence from another family member (including other children) If you have any suspicion that illness is being fabricated by the parent/child, the practitioner should make a referral to First Response</p> <p>Frequent accidents/injuries. Significant concerns re frequency/cause for visits to Emergency Department/Doctor</p> <p>Non-accidental injury or accidental injury indicating lack of supervision.</p> <p>Repeat Injuries from older siblings</p> <p>Child is regularly left alone without parent monitoring or interaction.</p> <p>Child is unsupervised in the community at any time or left alone in the house for significant amounts of time in unsafe locations.</p> <p>Child is not provided with appropriate food for their age and needs.</p>
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				Child's environment is dangerous including drugs and medications not in lockable storage, unsafe electrics, filthy surroundings, lack of stair gates and safety equipment etc.
<b>Sexual Awareness</b>	Sexual knowledge, understanding and activity are age appropriate	Use the <a href="#">Brook Traffic Light tool</a> to help identify and respond appropriately to sexual behaviours. The tool uses a traffic light system to categorise the sexual behaviours of young people		
<b>Emotional Health, Wellbeing and Behaviour</b>				
<b>Category</b>	<b>Level 1 Universal</b>	<b>Level 1 Plus Additional</b>	<b>Level 2 Targeted</b>	<b>Level 3 Significant</b>
<b>Emotions/Behaviour</b>	Good emotional development/responses e.g. appropriate emotional expression, recognition, facial expression.  Stable affectionate relationships with caregivers.  Positive relationships with peers/siblings. Demonstrates feeling of belonging. Through	Infrequent, inconsistent emotional problems/responses e.g. with expression, recognition, facial expression.  Unduly anxious, angry, defiant or withdrawn.  Inconsistent development of relationships with caregivers. Inconsistent ability in sustaining peer/sibling relationships.	Frequent emotional problems/responses e.g. with expression, recognition, facial expression. Frequently anxious, angry, defiant or withdrawn. Head banging and smearing of faeces with limited other indicators of concern. Frequent obsessive/compulsive behaviours. Self Harming	Constant severe emotional problems/responses or disturbance e.g. with expression, recognition, facial expression. Head banging and smearing of faeces which do not stop after support is received.  Totally withdrawn.  Constant persistent distress.  Regular difficulty controlling impulse/temper

	<p>warmth to family members</p> <p>Usually complies with Age appropriate behavioural responses and actions e.g. impulse/temper. Accepts praise/sanctions/constructive criticism.</p>	<p>Emotional vulnerability, difficulty with attachments arising from separation, divorce, step parenting, bereavement</p> <p>Occasional difficulty with impulse/temper control. Some difficulties accepting praise/sanctions/constructive criticism.</p>	<p>Child experience's acute difficulty accepting praise/age appropriate sanctions</p> <p>Frequent disruptive/challenging behaviour at school, home or in locality.</p> <p>Clothing regularly unwashed and inappropriate.</p>	<p>Child's appearance reflects poor care, poor hygiene, dirty clothes, ill fitting shoes, lack of appropriate hair and skin care despite offer of support and advice.</p>
<b>Relationships</b>	<p>Stable affectionate relationships with caregivers.</p> <p>Positive relationships with peers/siblings.</p> <p>Demonstrates feeling of belonging.</p> <p>Good attachment</p>	<p>Inconsistent development of relationships with caregivers. Inconsistent ability in sustaining peer/sibling relationships.</p> <p>Emotional vulnerability, difficulty with attachments arising from separation, divorce, step parenting, bereavement.</p> <p>Infrequent, inconsistent emotional problems/responses.</p>	<p>Frequent difficulties in relationships with parent. Frequently, consistently poor peer/sibling relationships.</p> <p>Withdrawn/unwilling to engage.</p> <p>Displaying frequent emotional problems/attachment difficulties e.g. arising from potential/actual</p>	<p>Constant difficulties in relationships with parent eg. Low warmth, isolation.</p> <p>No peer/sibling relationships maintained eg. Bully/bullied.</p> <p>Totally withdrawn.</p> <p>Rejection by alienation from others.</p> <p>Attachment issues related to ongoing abuse, neglect, conflict e.g. In acrimonious separation.</p> <p>Complete rejection/abandonment by parent. Threat of loss of main parent.</p> <p>Displaying constant emotional problems e.g. following divorce, bereavement.</p> <p>Acutely evident mental health problems,</p>

			<p>divorce/separation, step parenting, bereavement. Relationships characterised by rejection. May have previously had periods of Local Authority accommodation. Mental health deteriorating/problems emerging e.g. conduct disorder, Attention/Hyperactivity Disorder, anxiety, eating disorders.</p>	<p>suicide threat, psychotic episode, severe depression. Acute Self Harming such as ligature tying or acts of self injury which endanger life.</p>
<p><b>Offending Behaviours</b></p>	<p>No involvement in offending behaviours</p>	<p>At risk of becoming involved in offending behaviours. Friends/siblings with children who are offending. Easily influenced by peers, shows interest in/admires the offending behaviour of others.</p>	<p>Starting to commit criminal offences and/or reoffend. May be supported by Youth Offending Team ( if over the age of 10) for under 10's behaviours may include stealing, Anti-Social Behaviour in the neighbourhood such as</p>	<p>Prosecution of offences resulting in court orders, Anti-Social Behaviour Order (ASBO). May be supported by the Youth Offending Team (YOT). Spends time with peers involved with serious crime, concerns about drug running or similar risks of criminal exploitation.</p>

			graffiti or harassment of neighbours.	
<b>Self Image</b>	Positive sense of self and own abilities	Some insecurities around identity. Limited self confidence	Low self-confidence. Withdrawn, reluctant to engage or isolated.	Very poor/distorted self-image/child has internal discrimination. Fears persecution by others. Total lack of self-confidence.
<b>Substance / Alcohol misuse</b>	Non-smoker, no substance misuse	<p>Any substance misuse by a child in this age group should be considered for a referral for either a Level 2 or 3 service. The threshold will vary depending on how the child accessed the substance and what the substance. If the substance is provided to the child by a family member this should immediately indicate a Level 3 Child Protection response is required.</p> <p>The exception to this is tobacco. Children may experiment with tobacco at the older end of this age range. Advice about this should be given after single incidents by Level 1 Plus Service. Repeat use of tobacco or tobacco being given to a young child (5-7 years for example) should be referred for a Level 2 or Level 3 service depending on the source of the tobacco and the responsiveness of parents to concerns. Parents providing children with tobacco should be considered an indicator of Neglect and a neglect tool completed.</p>		
<b>Alcohol misuse</b>	No alcohol use.	<p>Alcohol use at this age can have serious health implications. Children may try small quantities of alcohol while supervised by parents without this being a safeguarding concern but would benefit from advice and information by a Level 1 Plus service. However children regularly drinking alcohol, or drinking more than a small volume of alcohol should be considered at risk and a referral for either Level 2 or Level 3 support should be made depending on the quantities drunk, the responsiveness of parents to concerns and the age of the child.</p>		

<p><b>Young Carer Role</b></p>	<p>Child/young person is not taking on a carer role in relation to parent/sibling/s. Has time to engage in own interests.</p>	<p>Children in this age range should not be taking sole responsibility in caring for siblings/parent. They may assist with increasingly complex care tasks as they get older in this period of time. Children who are young carers should be provided with additional support through the city's Young Carers service.</p> <p>If children are found to be providing intimate personal care at this age or are unsafe themselves because of the support needs of their family members, this should be considered as indicators for a Level 3 service.</p>
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### Environmental Factors

Category	Level 1 Universal	Level 1 Plus Additional	Level 2 Targeted	Level 3 Significant
<p><b>Community Integration/ Financial Income/ Accommodation/ Immigration Status</b></p>	<p>The family has a reasonable income and financial resources are used appropriately to meet the family's needs. The family are living on a low income but the parents use their limited resources in the best interests of their child/children. The parents maximise their income and resources.</p> <p>The parent / carer is able to manage their working or unemployment</p>	<p>There are concerns that the parents are unable to budget effectively and as a result the child occasionally does not have adequate food, warmth, or essential clothing. However, the parents are working with support services to address these issues.</p> <p>The family's accommodation is stable however the home itself is not kept clean and tidy and is not always free of hazards which could impact on the safety and wellbeing of the child but the family are</p>	<p>The family does not use its financial resources in the best interests of the child and the child regularly does not have adequate food, warmth, or essential clothing.</p> <p>The family does not use its financial resources in the best interests of the child and the child regularly does not have adequate food, warmth, or essential clothing.</p> <p>The family's home is dirty and health and safety hazards are</p>	<p>The child consistently does not have adequate food, warmth, or essential clothing. The parents are consistently unable to budget effectively and are resisting engagement. For example, expenditure on drug, alcohol, gambling or other addictive behaviours means that there isn't enough money to meet the child's basic needs.</p> <p>The family's home is consistently dirty and constitutes health and safety hazards.</p> <p>The family have been sleeping rough.</p> <p>There is evidence that a child or their</p>

	<p>arrangements and do not perceive them as unduly stressful.</p> <p>The family's accommodation is stable, clean, warm, and tidy and there are no hazards which could impact the safety or wellbeing of the child. For example the parent/carer ensures access to balconies is restricted unless a young child is with an adult.</p> <p>The child is legally entitled to live in the country indefinitely and has full rights to education and public funds.</p>	<p>engaging with services.</p> <p>The child's legal entitlement to stay in the country is temporary and/or restricts access to public funds.</p>	<p>present and the family are showing signs of not engaging.</p> <p>The family has no stable home, and is moving from place to place or 'sofa surfing'.</p> <p>The child's legal status as, for example, an asylum-seeker or an illegal migrant who may have been trafficked puts them at risk of involuntary removal from the country. Their immigration status means they have limited financial resources/no recourse to public funds and increases their vulnerability to criminal activity (e.g. illegal employment, child labour, CSE)</p>	<p>family have been exposed to or involved in criminal activity either as a result of being trafficked into the country or to support themselves (e.g. illegal employment, child labour, forced begging)</p>
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**Parental Factors**

<b>Category</b>	<b>Level 1 Universal</b>	<b>Level 1 Plus</b>	<b>Level 2 Targeted</b>	<b>Level 3 Significant</b>
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		Additional		
<b>Parenting after birth of child (sibling)</b>	The parent/carer is coping well emotionally following the birth of their baby and accessing universal support services where required.	The parent/carer is struggling to adjust to the role of parenthood but engaging with services.	The parent/ carer is suffering from post-natal depression but engaging with services and the depression is being monitored and managed.	The parent/carer is suffering from severe post-natal depression which is causing serious risk to themselves and their child and other children.
<b>Meeting the educational needs of a child</b>  <b>Extremism</b>	The child has an appropriate education and opportunities for social interaction with peers.	There is concern that the education the child is receiving does not teach them about different cultures, faiths and ideas or, if it does, is derogatory and dismissive of different faiths, cultures and ideas.	The child is being educated to hold intolerant, extremist views. They are not using public services, such as schools or youth clubs, and are only mixing with other children and adults who hold similar intolerant, extremist views.	The child is being educated by adults who are members of or have links to proscribed organisations – see link below for list of terrorist groups or organisations banned under UK law <a href="http://www.gov.uk/government/publications/proscribed-terror-groups-or-organisations--2">www.gov.uk/government/publications/proscribed-terror-groups-or-organisations--2</a>
<b>Meeting the emotional needs of a child</b>	The child is provided with an emotionally warm and stable family environment. The parenting generally demonstrates praise, emotional warmth and encouragement.	Parenting often lacks emotional warmth and/or can be overly critical and/or inconsistent.	The family environment is occasionally volatile and showing signs of being unstable. For example, parenting is intolerant, critical, inconsistent, harsh or rejecting and this is starting to have a negative effect on the child who, due to the	The child has suffered long term neglect of their emotional needs

			emotional neglect they have suffered	
<b>Fostering Arrangements</b>				The local authority has been notified as per the requirements of 'The Children (Private Arrangements For Fostering) Regulations 2005'.
<b>Domestic Abuse</b>	There are no incidents of violence in the family and no history or previous assaults by family members.	There are isolated incidents of physical and/or emotional violence in the family. The harmful impact of such incidents is mitigated by other protective factors within the family such as supportive grandparents who are able to look after the child when there are arguments/disputes in the family home.	One or more adult members of the family is physically and emotionally abusive to another adult member/s of the family. The perpetrator/s show limited or no commitment to changing their behaviour and little or no understanding of the impact their violence has on the child. The perpetrator is emotionally harming the child/ren that witness or are otherwise aware of the violence.	One or more adult members of the family is a perpetrator of persistent and/or serious physical violence which may also be increasing in severity, frequency or duration. The perpetrator is emotionally harming the child/ren that witness or are otherwise aware of the violence. The children may also be at risk of physical violence if, for example, they seek to protect the adult victim.
<b>Parents Drug and Alcohol Use</b>	Parents do not use drugs or alcohol. OR Parental drug and alcohol	Drug and/or alcohol use is impacting on parenting but adequate provision is made to ensure the child's safety.	Drug/alcohol use is at a level where there is occasional impact on parenting and the ability	Parental drug and/or alcohol use is at a problematic level and the parent/ carer cannot carry out daily parenting or ensure the child's safety. This could include

	<p>use does not impact on parenting. There is no evidence of siblings or other household members misusing drugs or alcohol.</p>	<p>The child is currently meeting their developmental milestones but there are concerns that this might not continue if parental drug and alcohol use continues or increases.</p> <p>Siblings' or other household members' drug or alcohol misuse on the child, they accept support.</p>	<p>to adequately ensure the child's safety is reduced.</p> <p>Parental drug and alcohol use has begun to impact on the child meeting their development milestones.</p> <p>This may include drinking at harmful levels, drug paraphernalia in the home. The child feeling unable to invite friends to the home, the child worrying about their parent/carer. Siblings' or other household members' drug or alcohol misuse occasionally impacts on the child.</p>	<p>blackouts, confusion, severe mood swings, drug paraphernalia/opioid substitution medication not stored or disposed of, using drugs/ alcohol when their child is present, involving the child in procuring illegal substances, and dangers of overdose. Siblings' or other household members' drug or alcohol misuse is significantly adversely impacting on the child.</p>
<p><b>Parental Mental Health</b></p>	<p>The parent/carer's mental health does not impact the child adversely.</p>	<p>Adult mental health impacts on the care of the child. The carer presents with mental health issues which have</p>	<p>Adult mental health impacts on the care of the child. The carer presents with mental</p>	<p>Adult mental health is significantly impacting on the care of the child. Any carer for the child presents as acutely mentally unwell and /or attempts</p>

		sporadic or low level impact on the child however there are protective factors in place.	health issues which have sporadic or low level impact on the child and there is an absence of supportive networks and extended family to prevent harm.	significant self-harm in the presence of the child.  The child is the subject of parental delusions.
<b>Protection from harm: sexual abuse</b>	The parent/carer does not sexually abuse their child. There is no evidence of sexual abuse.	There is a history of sexual abuse within the family or network but the parents respond appropriately to the need to protect the child.  There are concerns relating to inappropriate sexual behaviour in the wider family.	There are concerns around possible inappropriate sexual language from the parent/carer toward their own or other children.  The family home has in the past been used on occasion for drug taking /dealing or illegal activities.	The parent/ carer sexually abuses their child including through showing them explicit imagery or having sexual contact with another adult in front of the child.  There are concerns that an adult had sexually abused or assaulted another child or adult outside the home and is now having contact with a child.  The family home is used for drug taking and/or dealing, sexual exploitation and illegal activities.  The child is being sexually abused/exploited.  An offender who is a serious risk is in contact with the family.  A person posing a risk to children (sex offender) who is a serious risk is in contact with the family.

<p><b>Protection from harm: physical abuse</b></p>	<p>The parent/carer does not physically harm their child. The parent uses reasonable physical chastisement that is within legal limits – that is they do not leave the child with visible bruising, grazes, scratches, minor swellings or cuts.</p>	<p>The parent/carer physically chastises their child within legal limits but there is concern that this is having a negative impact on the child’s emotional wellbeing (for example, the child appears fearful of the parent).  There is concern that it may escalate in frequency and/or severity as the parent seems highly critical of their child and/or expresses the belief that only physical punishment will have the desired impact on the child’s behaviour. However, The parent is willing to access professional support to help them manage their child’s behaviour</p>	<p>The parent/carer physically chastises the child but does not cause significant physical injury. This may result from a loss of control. The parent is willing to access professional support to help them manage their child’s behaviour.</p>	<p>The parent/ carer significantly physically harms child. Household members subject to multi agency public protection arrangements (MAPPA) or multi agency risk assessment conference (MARAC) meetings</p>
<p><b>Female Genital Mutilation</b></p>	<p>There is no concern that the child may be subject of Female Genital Mutilation.</p>	<p>Anyone working with children who recognise any risks associated to FGM has a Statutory Duty to report this information to First Response. While the mandatory Duty to report is for ‘Regulated Professions’ the <b>‘STATUTORY DUTY’</b> to safeguarding children applies to everyone.</p>	<p>There is evidence that the child may be subject to Female Genital Mutilation and parents/carer are opposed to resisting these practices.  There is an identified risk of FGM using the <a href="#">checklist</a></p>	

<p><b>Honour Based Violence</b></p>	<p>There is no concern that the child may be subject to harmful traditional practices such Honour Based Violence and Forced Marriage.</p>	<p>There is concern that the child is in a culture where harmful practices are known to exist (in the community or by extended family) however parents are opposed to the practices in respect of their children.</p>		<p>There is concern that the child may be subject to harmful traditional practices There is evidence that the child may be subject to harmful traditional practices and parents/carer are opposed to resisting these practices.</p>
<p><b>Belief in Spiritual Possession</b></p>	<p>There is no concern that the child may be subject to harmful practices due to parent / carer beliefs such as belief in spirit possession.</p>	<p>There is concern that the child is in a culture where harmful practices are known to have been performed (in the community or by family or extended family) however parents are opposed to the practices in respect of their children.</p>		<p>There is concern or evidence that the child may be subject to harmful traditional practices and parents/carer are opposed to resisting these practices.</p>
<p><b>Criminal and Antisocial Behaviour Including online and gang behaviour.</b></p>	<p>There is no history of criminal offences within the family. The family members are not involved in gangs / organised crime</p>	<p>There is a history of criminal activity within the family. There is suspicion, or some evidence that the family are involved in gangs / organised crime</p>	<p>A criminal record relating to serious or violent crime is held by a member of the family which may impact on the children in the household.  There is a known involvement in gang / organised crime activity.</p>	<p>A criminal record relating to serious or violent crime is held by a member of the family who continues to have contact with the child and whose offending is assessed by criminal justice professionals as likely to continue. There is a known involvement in gang / organised crime activity impacting significantly on the child and family. The family or child is at risk from other individuals within the community due to the family member's involvement.</p>

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